EXHIBIT 4

Medical Assistance Group Inc.
10207 Chorlton Circle
Orlando, FL 32832
(407)429-4357
Fax: 1-888-880-4216

April 21, 2015

Dear Donna Zoltowski,

As to our prior conversation, in regards to your trans-vaginal mesh case, we are sending you a letter and more information in why you should have the mesh/sling removed and how our services can benefit you. We are not a Law Firm however we can refer you to one of our best qualified affiliated Attorney's that would best appropriately suit you in this matter.

Medical Assistance Group is a company that accommodates women in need of medical treatment with complications related to Transvaginal Mesh/Sling Implants. We help women get to the highest qualified surgeons who are experienced in the treatment of defective Transvaginal Mesh Products. Our Medical Travel plan covers roundtrip airfare, hotel, and transportation if needed for our patients and 1 companion.

If you are currently still interested in our services please fill out the Medical Release form. This is giving us permission to obtain your medical records and date of operation with implant identification to confirm surgery was done vaginally and qualifies in the date range for Transvaginal mesh/sling cases.

As for your attorney referral:
If you have not obtained your own attorney we will forward your information to one of our affiliated attorneys and they will be contacting you in regards to your case.

Thank you,
Christina Rodriguez

Medical Assistance Scheduling Coordinator

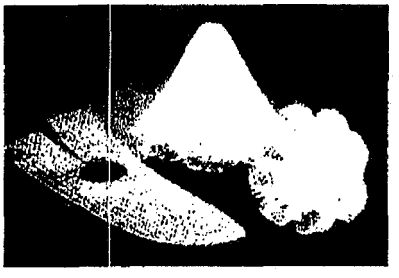
Medical Assistance Group Inc.
10207 Chorlton Circle
Orlando, FL 32832
(407)429-4357
Fax: 1-888-880-4216

MEDICAL ASSISTANCE GROUP

WHY SHOULD I REMOVE MY MESH?

Introduced to the market in the 1990s, transvaginal mesh is implanted through the vagina to correct pelvic organ prolapse, which can happen in all women but typically occurs in older females after childbirth, a hysterectomy or menopause. Because of weakened muscles, internal organs, including the uterus, bladder and bowels, shift into the vagina. If not repaired, a prolapse can be very painful and cause a host of medical problems.
Transvaginal mesh is also used to correct incontinence, which is also the result of weakened pelvic muscles. When mesh is used in this procedure, it is called a bladder sling.

For decades, doctors fixed prolapses and incontinence with traditional surgery to tighten ligaments and muscles. Whensurgical mesh was introduced, it was happily received by the medical community. It was hailed as a faster, easier fix. In 2010 alone, nearly 300,000 transvaginal mesh surgeries were performed in the United States. However, studies show that the polypropylene mesh can slice through vaginal walls, injuring nearby organs. It can also cause abscesses, pain, vaginal bleeding, sexual dysfunction and recurrent prolapse or incontinence. The mesh is also known to shrink after implantation, causing pain and sexual dysfunction.



Erosion and extrusion — where pieces of the mesh are exposed through the vaginal skin — can be the result of the surgeon's operative technique, the size and style of the implanted device or placement of the mesh too close to the bladder. Delayed erosion and extrusion can occur when the body rejects the less-porous mesh materials and when the mesh is attached in the wrong place.

10207 Chorlton Circle
Orlando, FL 32832
(407)429-4357
Fax: 1-888-880-4216
www.medicalassistancegroup.com

MEDICAL ASSISTANCE GROUP

AUTHORIZATION TO USE AND/OR DISCLOSE MEDICAL RECORDS

I give authorization to the provider listed below to disclose a copy of the specific health/medical information identified below:

NAME OF PATIENT	Donna Zoltowski	SSN#:	D.O.B:

TO: (Recipient of Records)		
Name: Medical Assistance Group	**Phone: 407-429-4357**	**Fax:1-888-880-4216**
Address: 10207 Chorlton Circle		
City: Orlando	**State: FL**	**Zip: 32832**

FROM: (Who is releasing the records)		
Name of Facility of surgery:	**Phone:**	**Fax:**
Address:		
City:	**State:**	**Zip:**

For the Following Purposes:

X	Continued Medical Care		Personal Information		Pending Litigation
	Disability Insurance		Other		

By checking the boxes below, I specifically authorize the use and/or disclosure of the following health information and/or medical records, if such information and/or records exist:

X	**Date of Service:**		
X	Please send the **ENTIRE** Medical Records (all information) to the above named recipient including but not limited to the below:		
XX	Operative Report & Implant Identification Sheet	XX	Medical History & Discharge Summary Reports

The Following Items Must Be Initialed to Be Included in the Use and/or Disclosure:

_____HIV/AIDS related information and/or records HBV, TB or Other Communicable Diseases

_____Genetic Testing Information and/or Records

I understand that, if the person or entity receiving the information is not a health care provider or health plan covered by federal privacy regulations, the information described above may be re-disclosed and no longer protected by HIPPA and other federal and state regulations/ However, the recipient may be prohibited from disclosing substance abuse information under the Federal Substance Abuse Confidentiality Requirements.

I also understand that the person I am authorizing to use and/or disclose the information may not receive compensation for doing so.

I further understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment or payment of my eligibility for benefits. I may inspect or copy any information to be used and/or disclosed under this authorization.

Finally, I understand that I may revoke this authorization, in writing, at any time, provided that I do so in writing, except to the extent that action has been taken in reliance upon this authorization. Unless revoked earlier, this Authorization will expire in Six (6) Months from the Date of Signing or until {Insert Date}:_____

Print Patient's Name: _____ **Date:**_____

Signature of Patient or Patient's Legal Representative: _____